

C. PRESCRIBED MEDICINE

[READ IF THIS CASE HAS A PRESCRIBED MEDICINE SUMMARY PAGE: We recorded the names of prescribed medicines that (SP) was taking the last time we were here. You might want to refer to this list to see whether (SP) has taken any of these medicines since then.]

C1. Between (REFERENCE DATE) and (END DATE) was (SP) given medicine prescribed by a doctor?

FGIVEMED	YES	1 (C2)
	NO	2 (GO TO SECTION D)
	DON'T KNOW	-8 (GO TO SECTION D)

C2.	What is the name of the medicine? PROBE FOR CORRECT SPELLING OF MEDICINE. PROBE: Was (SP) given any other prescribed medicines? RECORD NAME OF MEDICINE IN MEDICINE COLUMN. IF MORE THAN 12, USE SUPPLEMENTAL GRID.	MEDICINE NAME: FMEDNAM <hr/>
C3.	In what form is the medicine? CIRCLE ONE ONLY. <div style="border: 1px solid black; padding: 5px; text-align: center;">SHOW CARD C1</div>	FMEDFORM <hr/> FMEDFOOS <hr/> <p>PILLS/CAPSULES/TABLETS 1 LIQUID (ORAL) 2 DROP 3 TOPICAL OINTMENT, CREME, LOTION 4 SUPPOSITORIES 5 INHALANT, AEROSOL/SPRAY USED ORALLY 6 SHAMPOO, SOAP 7 INJECTION (BODY) 8 INJECTION (IV) 9 PATCHES 10 TOPICAL GEL/JELLY 11 POWDER 12 OTHER (SPECIFY) 91</p>
C4.	What is the strength of the medicine? RECORD AMOUNT AND UNIT OF MEASURE. (E.G., 100 MILLIGRAMS, 10 GRAMS, ETC.)	FMEDUNIT <hr/> <p>AMOUNT: FMEDAMT UNIT OF MEASURE: (CIRCLE ONE) NO STRENGTH LISTED..... 0 MICROGRAMS (mcg)..... 1 MILLIGRAMS (mg) 2 GRAMS (gm)..... 3 MILLEQUIVALENTS (meq)..... 4 GRAINS (gr)..... 5 OUNCES..... 6 MILLILITERS (ml) 7 CUBIC CENTIMETER (CC) 8 OTHER (SPECIFY) 91</p> <p>DON'T KNOW -8</p>
C5a.	How much of this medicine was to be taken at one time? What is the dosage?	<p>NUMBER: FMEDTNUM NO DOSAGE LISTED 0 DONT KNOW -8</p>
C5b.	How many times <u>per day</u> was this dosage taken? [PROBE FOR TIMES PER WEEK OR PER MONTH IF PER DAY IS NOT KNOWN.] [IF TAKEN ONE TIME ONLY, CODE 95.] [IF PRESCRIBED AS NEEDED (PRN), CODE 96.] [IF DOSAGE WAS SELF ADMINISTERED AND NUMBER OF TIMES ARE NOT KNOWN, CODE 94.]	FMEDDNUM <hr/> FMEDPER <hr/> C5PRNFLG <hr/> FMEDDAOS <hr/> <p>NUMBER: _____ PER DAY 1 WEEK 2 MONTH 3 EVERY OTHER DAY 4 OTHER (SPECIFY) 91</p> <p>ONE TIME ONLY 95 PRN 96 DK-SELF ADMINISTERED 94 DONT KNOW -8</p>
C6.	How many days or weeks was this dosage administered for (SP) since (REFERENCE DATE)? [PROBE FOR MONTHS IF DAYS OR WEEKS ARE NOT KNOWN.] [IF C5 = PRN, THEN PROBE FOR TOTAL TIMES SINCE REFERENCE DATE.]	FMEDDWNO FMEDPNUM <hr/> FMEDPNOS <hr/> <p>NUMBER: _____ OF DAYS 1 WEEKS 2 MONTHS 3 OTHER (SPECIFY) 91</p> <p>DK-SELF ADMINISTERED 94 DONT KNOW -8</p>

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